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Docket No. 136845 (SPLG 1143)

REMARKS

Claims 1-39 are currently pending in this application. Claims 1-39 stand rejected. No new matter has been added. It is respectfully submitted that the pending claims define allowable subject matter.

Claims 2, 7, 21, 22, 25, 29, 31 and 32 have been rejected under 35 U.S.C. § 101 as directed to non-statutory subject matter because the claims are in reference to individuals and not directly to a process, machine, manufacture or composition of matter. Applicant has amended these claims and respectfully submits that the rejection should now be withdrawn. Applicant also respectfully submits that these claims are now allowable.

Claims 1, 3-14, 16-20, 23-28, 30 and 33-39 have been rejected under 35 U.S.C. § 102(e) as being anticipated by Suresh et al. (U.S. Patent Application Publication 2004/0153128), hereafter Suresh. Claims 1, 3-20, 23-28, 30 and 33-39 have been rejected under 35 U.S.C. § 103(a) as being unpatentable over Suresh in view of Schweikard et al. (U.S. Patent 6,501,981), hereafter Schweikard. Applicant respectfully traverses these rejections for at least the reasons set forth hereafter.

Independent claim 1, as amended, recites a method for medical diagnostic image processing comprising, among other elements, "performing post-processing operations on the medical image information from at least one of the plurality of locations, the post-processing operations performed by individuals at the plurality of locations" and "controlling an amount of time for the post-processing operations based on a current level of scanning operations." Applicant respectfully submits that the systems of Suresh and Schweikard, alone or combination, fail to describe or suggest any control of the amount of time for post-processing operations based on a current level of scanning operations.

The system of Suresh allows remote access to a heart procedure assessment program for treatment of a heart (see, e.g., paragraph 0035). Suresh describes using a WAN 100 or LAN 102 to connect geographically remote computers to perform a virtual cardiac intervention (see, e.g., paragraphs 0139-0144). The program instructions may be executed on one computer or from a second computer accessing the memory of the first computer (see, e.g., paragraph 0146). For

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example, software producing a model may run on a personal computer or may run at a central location accessible by one or more personal computers (see, e.g., paragraph 0176). The system may also restrict use of the secure information, for example, by having the information stored on a removable medium (see, e.g., paragraph 0145). A database also may be maintained of different heart models, treatments, outcomes, etc. (see, e.g., paragraph 0216).

However, Suresh does not describe or suggest any control of the amount of time for performing any types of processing, and particularly, not based on a level of scanning operations. The system of Suresh may restrict access to certain confidential information because a user is not authorized to access that information. However, there is simply no control of the amount of processing time based on a level of scanning operations. The system of Suresh does not make any determination as to a level of scanning operations, for example, the amount of processing resources currently used by the system to perform an imaging scan using a medical imaging scanner. Nothing in Suresh describes or suggests controlling an amount of time for the post-processing operations based on a current level of scanning operations.

Moreover, Suresh teaches away from such control. In particular, when the system of Suresh is performing scanning operations, continuous live feed images and access must be provided in order to provide image guided surgery (see, e.g., paragraph 0511). Limiting or restricting the processing or access in the system of Suresh would necessarily delay the images generated, which would result in improper navigation, for example, based on delayed processed images that do not represent the present location of a navigable surgical device. Additionally, Applicant submits that the Schweikard reference fails to make up for the deficiencies of the Suresh reference with respect to claim 1. Accordingly, Applicant submits that claim 1 is allowable over Suresh, alone or in combination with Schweikard.

Independent claim 24, as amended, recites a method for processing medical image information comprising, among other elements, "accessing the medical image information stored within the medical imaging system from one of a plurality of remote locations" and "post-processing the medical image information from one of the plurality of remote locations when a processing utilization threshold for the medical imaging system is below a predetermined value, the medical image information post-processed using the medical imaging system." Applicant

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respectfully submits that the systems of Suresh and Schweikard, alone or combination, fail to describe or suggest using any processing utilization threshold in order to perform post-processing operations.

Similar to claim 1, claim 24 recites post-processing medical image information from a remote location when “a processing utilization threshold for the medical imaging system is below a predetermined value.” As discussed in more detail above, neither Suresh or Schweikard describe or suggest post-processing when a processing utilization threshold is below a predetermined value. There is simply no determination in the systems of Suresh and Schweikard of a processing utilization level to determine whether or not to perform remote post-processing. Accordingly, Applicant submits that claim 24 is allowable over Suresh, alone or in combination with Schweikard.

Independent claim 30, as amended, recites a method for medical diagnostic image processing comprising, among other elements, “providing a plurality of groups of individuals for performing post-processing operations on medical image information, each of the plurality of groups associated with a different post-processing service” and “allowing access by the group of individuals to a medical imaging system having stored therein the medical image information, the individuals located remote from the medical imaging system and processing the medical image information using the medical imaging system from the remote location, the individuals associated with an entity different than the entity having the medical imaging system.” Applicant respectfully submits that the systems of Suresh and Schweikard, alone or combination, fail to describe or suggest allowing remote access to different groups that are each associated with different post processing services.

Neither Suresh or Schweikard distinguish between or categorize different types of access based on post processing services. Although the system of Suresh may restrict the use of secure information, nothing in either reference describe or suggest differentiating between different post-processing services. Accordingly, Applicant submits that claim 33 is allowable over Suresh, alone or in combination with Schweikard.

Independent claim 33, as amended, recites a medical imaging system comprising, among other elements, “a user interface at each of the remote locations for accessing the medical image

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information within the medical imaging device using the plurality of communication links and for post-processing the medical image information, the post-processing performed by individuals at the remote locations using the medical imaging device and access to the medical image information allowed only when imaging operations of the medical imaging device are complete.” Applicant respectfully submits that the systems of Suresh and Schweikard, alone or combination, fail to describe or suggest allowing remote access to medical image information for post-processing only when imaging operations of the medical imaging device are complete. As discussed in more detail above, neither Suresh or Schweikard determine when medical imaging operations are complete to thereafter allow post-processing operation. In fact, the system of Suresh allows remote access during a surgical procedure to provide live feed images for guided navigation. Accordingly, Applicant submits that claim 33 is allowable over Suresh, alone or in combination with Schweikard.

Independent claim 34, as amended, recites a system for post-processing medical images remotely comprising, among other elements, “a post-processing system configured to allow performing of post-processing operations remotely at a pre-defined time.” Applicant respectfully submits that the systems of Suresh and Schweikard, alone or combination, fail to describe or suggest limiting remote post-processing operations to a pre-defined time.

There is simply no description or suggestion in either Suresh or Schweikard of allowing post-processing operations remotely at a pre-defined time. The only limiting in the system of Suresh is to restrict access to secure information. Accordingly, Applicant submits that claim 34 is allowable over Suresh, alone or in combination with Schweikard.

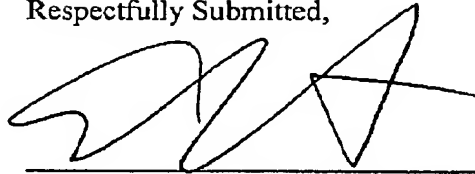
Applicant also submits that the dependent claims (claim 2-23, 25-29, 31, 32 and 35-39) are allowable based at least on the dependency of these claims from the independent claims.

In view of the foregoing amendments and remarks, it is respectfully submitted that the prior art fails to teach or suggest the claimed invention and all of the pending claims in this application are believed to be in condition for allowance. Reconsideration and favorable action is respectfully solicited. Should anything remain in order to place the present application in condition for allowance, the Examiner is kindly invited to contact the undersigned at the telephone number listed below.

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Respectfully Submitted,

A handwritten signature in black ink, appearing to read 'E. Sotiriou', written over a horizontal line.

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